

## 2008-09 Licensed Substitute Medical Plan Summary Of Benefits: ODS Medical Plan

Type of Plan:	Plan 8 – PPO Plan	
Reimbursement:	Member Responsibility	
General Information	In-Network	Out of Network
Individual Deductible (calendar year)	\$1,000	\$1,000
Family Deductible (calendar year)	\$3,000	\$3,000
Individual Coinsurance Maximum (calendar year)	\$2,000	\$4,000
Family Coinsurance Maximum (calendar year)	N/A	N/A
Lifetime Benefit Maximum	\$2,000,000	40%
Member Coinsurance	20%	40%
<b>Covered Services</b>		
<b>Hospital Benefit</b>		
Inpatient Hospital Coinsurance Service authorization required	20%	40%
Service Authorization Penalty Inpatient & Residential	50% up to \$2,500	50% up to \$2,500
Inpatient Days Covered	unlimited	unlimited
Pre-admission Testing	20%	40%
Inpatient Rehabilitative Hospital Care (30/60 days per calendar year)	20%	40%
<b>Emergency &amp; Urgent Care</b>		
Emergency Care (waived if admitted)	\$100 copayment per visit then 20%	40%
RN Advice for minor illnesses & injuries	eDoc	40%
Urgent Care Visits	20%	40%
Ambulance Transportation: ground or air (\$5,000 annual maximum)	20%	40%
<b>Skilled Nursing Facility</b>		
Skilled Nursing Facility (60 per calendar year)	20%	40%
Cardiovascular screenings	\$0 / deductible waived	40%
Hearing Evaluations	\$0 / deductible waived	40%
<b>Family Planning</b>		
Tubal Ligation	20%	40%
Vasectomy	20%	40%
Contraceptive Devices	20%	40%
<b>Maternity/Newborn Care</b>		
Outpatient Maternity Care	20%	40%
Midwife Delivery (only if also a licensed nurse practitioner)	20%	40%
Inpatient Delivery	20%	40%
Newborn Circumcision	20%	40%
Newborn Nursery Care	20%	40%
<b>Other Care/Treatments</b>		
Allergy Testing	20%	40%
Allergy Injections	20%	40%
Therapeutic Injections	20%	40%
Injectable Medication (administered in provider's office)	20%	40%
Biofeedback Therapy (10 visits per lifetime)	20%	40%
Inborn Errors of Metabolism	20%	40%
Cochlear Implants (service authorization required)	20%	40%
Cosmetic and Reconstructive Surgery (medically necessary - service authorization required)	20%	40%
Injectable Medication (administered in provider's office)	20%	40%
Biofeedback Therapy (10 visits per lifetime)	20%	40%
Inborn Errors of Metabolism	20%	40%
Cochlear Implants (service authorization required)	20%	40%
Cochlear Implants (service authorization required)	20%	40%

Cochlear Implants (service authorization required)	20%	40%
Cosmetic and Reconstructive Surgery (medically necessary - service authorization required)	20%	40%
Maxillofacial Prosthetic Services (medically necessary)	20%	40%
Temporomandibular Joint Syndrome (\$3,000 lifetime maximum)	20%	40%
Special Dental Care (injury to natural teeth or jaw)	20%	40%
Transplants (\$250,000 lifetime maximum – requires service authorization)	\$0	40%
Therapeutic Abortions	20%	40%
Podiatry Services (medically necessary)	20%	40%
<b>Hospice Care (maximum benefit of \$20,000)</b>		
Hospice Home Care	20%	40%
Hospice Inpatient Care	20%	40%
<b>Other Services</b>		
Home Healthcare (daily limitations/140 visits per year)	20%	40%
Respite Care (limited to 170 hours of care in three months)	20%	40%
Infusion Therapy (service authorization required)	20%	40%
Prosthetic & Orthotic Appliances (medically necessary)	20%	40%
Non-prescription Enteral Formula for Home Use (medically necessary)	20%	40%
Supplies, Appliances and Durable Medical Equipment (subject to limitations)	20%	40%
<b>Benefits for Chemical Dependency</b>		
Deductible per Confinement	20%	40%
Deductible per Day	20%	40%
Detoxification	20%	40%
Inpatient Treatment	20%	40%
Outpatient Office Visits	20%	40%
<b>Treatment for Mental Illness</b>		
Deductible per Confinement	20%	40%
Deductible per Day	20%	40%
Inpatient Treatment	20%	40%
Outpatient Office Visits	20%	40%
Group Therapy	20%	40%
Mental Health Residential Care (45 days per calendar year)	20%	40%
<b>Alternative Care (Combined maximum benefit of \$2,500)</b>		
Chiropractic Care	20%	40%
Acupuncture/Acupressure	20%	40%
Naturopath	20%	40%
<b>Health &amp; Wellness</b>		
Online Health & Lifestyle Information - Reference eDoc and MyOEBS.org		

\*Individual deductible applies if employee is enrolling with no other family members.

\*\*Family deductible can be met by one or more family members. This deductible must be met before benefits will be paid.

<b>PHARMACY</b>	<b>Plan C</b>
Deductible	None
Annual Copay / Coinsurance Maximum	\$1,000
<b>Retail (31 day supply)</b>	
Generic	50%
Preferred	50%
Non-Preferred	50%
<b>Mail (90 day supply)</b>	
Generic	50%
Preferred	50%
Non-Preferred	50%

**GENERAL EXCLUSIONS FOR MEDICAL PLAN 8**

Behavior Modification	Orthopedic Shoes
Benefits Not Stated	Orthognathic Surgery
Charges Over the Maximum Plan Allowance	Paraphilia
Comfort and First-Aid Supplies	Pastoral and Spiritual Counseling
Cosmetic/Reconstructive Surgery	Personality Disorders
Counseling or Treatment in the Absence of Illness	Physical Examinations for employment, licensing or insurance
Custodial Care	Physical Exercise Programs
Dental Examinations and Treatment; Orthodontia	Private Nursing Services
Dental implants	Reports and Records
Experimental or Investigational Procedures	Services Otherwise Available
Faith Healing	Services Provided by a Member of Your Immediate Family
Family Planning (In-vitro, etc.)	Services Provided by Volunteer Workers
Financial Counseling Services	Service Related Conditions (armed forces of any country or from insurrection)
Food Services	Services Required As A Condition Of Maintaining A Valid Drivers License
Gender Changes	Services and Supplies Provided for Obesity or Weight Reduction
Genetic Engineering	Sexual Disorders
Growth Hormones	Support Education (e.g. AA, anger management, etc.)
Guest Meals in a Hospital or Skilled Nursing Facility	Supportive Environment Materials (e.g. handrails, ramps, benches, etc.)
Hearing Aids	Surgery to Alter Refractive Character of the Eye (e.g. LASIK)
Homemaker or Housekeeping Services	Taxes
Non-terminal Hospice Services	TeleHealth and TeleMedicine
Immunizations (for travel)	Telephone Visits or Consultations, and Telephone Psychotherapy
Infertility	Telephones and Televisions in a Hospital or Skilled Nursing Facility
Inmates	Therapies related to developmental delay etc.
Legal Counseling	Third Party Liability
Massage or Massage Therapy	Transportation-non-emergent
Mental Examination and Psychological Testing and Evaluations	Treatment After Coverage Terminates
Mental Retardation/Learning Disabilities	Treatment for Admissions Prior to Coverage
Missed Appointments	Treatment not Medically Necessary
Motor Vehicle Coverage and Other Insurance Liability	Treatment Prior to Enrollment
Necessities of Living	Wigs, Toupees, Hair Transplants
Nutritional Counseling	Work-Related Conditions
Over the counter medications, vitamins and minerals	